

R 012119Z OCT 08
FM AMCONSUL CIUDAD JUAREZ
TO SECSTATE WASHDC 5647
INFO AMEMBASSY MEXICO
AMCONSUL CIUDAD JUAREZ

UNCLAS CIUDAD JUAREZ 000980

E.O. 12958: N/A

TAGS: [KFLU](#) [PGOV](#) [MX](#)

SUBJECT: EPIDEMIC PREPAREDNESS: COOPERATION BETWEEN CHIHUAHUA, NEW MEXICO, AND TEXAS

¶1. Summary: The state of Chihuahua has been working closely with Texas and New Mexico health departments for three years to coordinate preparations for a potential outbreak of a highly contagious influenza or similar illness. However, New Mexico and Texas state officials report that their work has been impeded by a lack of funding. The states have held joint conferences to inform local stakeholders of the status of emergency preparedness. At a meeting on July 30-31, 2008, officials urged participants to develop emergency plans for their own organizations. Based on past experience, medical experts from all three states and the CDC agreed that closing the border in the event of a flu outbreak would slow the spread of disease for no more than one month. After that, a closing of the border would serve no medical purpose. End Summary.

¶2. This year, more than 300 government officials from Texas, Chihuahua and New Mexico, along with representatives from NGOs and local businesses, have attended two conferences sponsored by New Mexico state authorities to discuss plans for responding to the potential outbreak of an epidemic respiratory disease. The most recent meeting was in late July, and speakers admitted that they could not say what a highly contagious strain of avian flu might look like, how it would spread, and how to develop a vaccine for it. A Pan American Health Organization Medical Officer from El Paso later described any such predictions as futile "soap opera."

¶3. To the extent that medical experts were willing to make predictions, they were based on observations about how influenza behaves in an unvaccinated population. Based on this model, epidemiologists expected rapid transmission of the disease among integrated border populations. Pointing to the limited medical services available in many locations along the border under normal circumstances, medical experts said that communities could not count on hospitals to mount an effective response against the first wave of disease, and businesses and individuals should prepare their own action plans.

¶4. Cooperation between Chihuahua, Texas, and New Mexican health authorities has so far focused on developing common protocols for the identification of cases, and procedures for reporting them to the Centers for Disease Control and Prevention. Only Chihuahua has moved beyond these initial stages to run practice drills within its state health care system, leading U.S. officials to admit that, despite a late start in this tri-state effort, Chihuahua is now further ahead in its preparations. New Mexico and Texas officials bemoan the fact that they have not received enough funding to conduct even limited field tests. The three states are just beginning to address more advanced planning needs, such as identifying stockpiling sites and how to handle a surge in hospital caseloads. A table top exercise is in the planning stages, to fill the gap created by the lack of field testing.

Utility of Closing Ports of Entry

¶5. Based on modeling of the spread of influenza in a population without effective vaccination, medical experts predict that if a new disease were to first appear in the border region, it would be identified almost simultaneously on both sides. Since symptoms would take up to seven days to manifest themselves, contagion would by then be well underway and closing the border would do little to delay the spread of disease. By contrast, if the first cases were identified elsewhere, closing ports of

entry quickly would be more effective since border residents would not yet have been exposed to the same degree. Still, the most that could be achieved would be to slow the rate of infection for a month. After that, contagion would be widespread throughout the region, and keeping the border closed would serve no medical purpose.

¶ 16. Most governmental representatives at the July meeting believed the border would not be closed in the event of an epidemic because of provisions of the 2007 North American Plan for Avian and Pandemic Influenza. However, a senior New Mexican official thought the border would be closed early because closure is a critical element in slowing the spread of disease. He added that no matter what the North American Plan might say, "nationalism will win out. A country will always protect its own citizens first."

¶ 17. An official from U.S. Customs and Border Protection told a Consulate officer that together the Departments of Homeland Security, Transportation and Defense have reviewed emergency border crossing procedures in the event of a flu epidemic. He said that the smaller ports of entry in this district would close first in the event of a serious threat to U.S. public health. This action would channel traffic into the CDC's El Paso Quarantine Station. In view of anticipated staffing shortfalls due to illness, El Paso and Juarez officials would give priority to clearing shipments of critical supplies northward and southward.

Local and Regional Contacts

¶ 18. Key officials involved in these coordinated emergency preparations include:

Chihuahua:

- Dr. Luis Carlos Esquivel Ruiz, Medical Coordinator, Secretariat of Social Development
- Dr. Gumaro Barrios, State Epidemiologist, Chihuahua State Health Services;
- Dr. Jose Luis Mendoza, Deputy Director of Preventive Medicine, Chihuahua State Health Services

Mexican Federal Government:

- Dr. Gustavo Ramirez Rosales, Area Chief for Epidemiological Surveillance, Mexican Institute for Social Security (IMSS, which runs four major hospitals in Juarez)

Local U.S. Government Representative:

- Dr. Miguel Escobedo, Medical Officer, Centers for Disease Control and Prevention, El Paso Quarantine Station

New Mexico:

- Albert Sanchez, Border Health Emergency Health Preparedness Coordinator, Bureau of Emergency Management, New Mexico Department of Health
- Anne Pascarelli Barraza, Pandemic Planning and Performance Outcomes Manager, Bureau of Health Emergency Planning, Department of Health
- Paul Dulin, Director, Office of Border Health, Department of Health

Texas:

- Cynthia Morgan, Pandemic Influenza Program, Texas Department of State Health Services
- Flor Puentes, MPH, Early Warning Infectious Disease Surveillance Coordinator, Department of State Health Services, Region 9-10, El Paso

Others (not at the conferences):

U.S.-Mexico Border Health Commission:

- Dr. Elisa Aguilar, Regional Coordinator for Health Programs in Juarez
- Amb. Eleazar Ruiz y Avila, Executive Secretary for the Mexican Section, Mexico City

¶ 19. Comment: Emergency services experts from Chihuahua, New Mexico, and Texas have worked closely together for three years

to coordinate their response to the onset of an epidemic in the border region. Due at least in part to a lack of funding, however, the three states are far from even addressing stockpiling of critical supplies, patient surges at hospitals, isolation and security requirements. State and local medical officials believe they are now well-equipped at major medical facilities to make a fast identification of a dangerous new disease, but they are no further along in actually mitigating the potential impact.

MCGRATH